

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

SECTION A

1. Company Name: Abuelito Cheese, Inc.
2. Permit Number if applicable: _____
3. Location: 607-609 Main Street
Paterson, NJ 07503 Zip Code: 07503
4. Mailing Address: 607-609 Main Street
Paterson, NJ Zip Code: 07503
5. Person to contact concerning information provided in this application:
Name of Contact Official: Miguel Torres
Title: President Phone No.: (973) 345-3503
Address: 607-609 Main St., Paterson, NJ Zip code: 07503
6. Number of Employees - Full Time: 11 Part Time: 2
Number of Work Days Per Year: 333
Number of Shifts Per Day: 1 shift
7. If property is owned indicate block and lot number(s): _____
Assessed Value: _____
8. If property is rented indicate name and address of owner: Miguel Torres
201 Chatham Avenue, Paterson, NJ 07503
Total square feet rented: 4,000 Square feet
2,000 Square feet - Parking lot.
9. List NJPDES Permit Number if applicable, _____ and _____
Name of receiving Body of Water entered _____

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: Passaic Valley water CommissionList all Account #'s: 14 1935 - 9021412. Water Received: From Mo. 11 Yr. 2003 Through Mo. 11 Yr. 2004.

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	351,560 gal			351,560 gal
2 nd Qtr.	260,304 gal			260,304 gal
3 rd Qtr.	405,416 gal			405,416 gal
4 th Qtr.	501,908 gal			501,908 gal

GRAND TOTAL 1,519,188

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	86,580		
Process waste water	1360,978		
Cooling water			
Evaporation			76,630.4
Contained in the product			
Other (describe)			

GRAND TOTAL 1,519,188

NI
351,560.+
260,304.+
405,416.+
501,908.+
004
1,519,188.*

13.x
20.x
355.x
85,580.*
1,519,188.+
86,580.-
000
1,432,608.*
1,432,608.x
5.%
71,630.4*
1,519,188.+
86,580.-
71,630.-
-001
1,350,978.*
1,350,978.+
86,580.+
71,630.+
003
1,519,188.*

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
U/A			

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous continuous
or intermittent _____ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: _____

List SIC CODE #: _____

18. Principal Raw Materials used: Milk, salt, vinegar, rennet,
culture

19. Principal Products or Services: Soft cheese, Mozzarella, Ricotta

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.
Include variations in product lines which affect waste characteristics: _____

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet _____

Outlet _____ N/A

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
	<u>N/A</u>		

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow</u> <u>(Gallons)</u>	<u>Metered</u> <u>(Y - N)</u>	<u>Type</u>	<u>Date</u>
		N/A		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION EANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. _____

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	31800	1002*	Arsenic (As)	
0505	Volatile Solids	29200	1022*	Boron (B)	
0530	Total Suspended Solids	1000	1027	Cadmium (Cd)	<0.020
0540	Volatile Suspended Solids	1000	1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons	2.5	1042	Copper (Cu)	0.102
0310	Biochemical Oxygen Demand (BOD)	9740	1045*	Iron (Fe)	
			1051	Lead (Pb)	<0.050
0340	Chemical Oxygen Demand (COD)	36300	0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	<0.0010
0680	Total Organic Carbon (TOC)	13300	1067	Nickel (Ni)	0.032
			1147*	Selenium (Se)	
9000	pH (standard unit range)	6.33	1077*	Silver (Ag)	
0610	(1) Ammonia as N	4.06	1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	135	1092	Zinc (Zn)	0.478
0745*	(1) Sulfide		2730	Phenol	0.010
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)Samples collected by: Garden State Laboratories, Inc.

Date: _____

Sample analyzed by: _____ Date: 08/19/05Products being manufactured when sample was collected: yes

27. Who performs the analyses of the samples for User Charge? _____

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters? _____

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state: _____

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N _____

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION FPRETREATMENT

32. Industrial Category: N/A
Subpart (s): _____
33. Compliance date(s): _____
34. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: N/A
36. Compliance schedule submitted: N/A
If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe _____
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe _____

39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N N
40. Is this facility under an ISRA Clean up? _____ If so, has a plan been approved by NJDEP: N/A
Is there any plan to discharge groundwater? N/A

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Miguel Torres

Print Name

TITLE: President

09/13/05

DATE

Miguel Torres

SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene					2,4 dimethylphenol				
acrolein					2,4 dinitrotoluene				
acrylonitrile					2,6 dinitrotoluene				
benzene					1,2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
chlorobenzene					4-chlorophenyl phenyl ether				
1,2,4-trichlorobenzene					4-bromophenyl phenyl ether				
hexachlorobenzene					bis(2-chloroisopropyl) ether				
1,2 dichloroethane					bis(2-chloroethoxy) methane				
1,1,1 trichloroethane					methylene				
hexachloroethane					chloride(dichloromethane)				
1,1,dichloroethane					methyl chloride				
1,1,2 trichloroethane					(chloromethane)				
1,1,2,2 tetrachloroethane					methyl bromide				
chlorethane					(bromomethane)				
bis(chloromethyl) ether					bromoform(tribromomethane)				
Bis(2 chloroethyl) ether					dichlorobromomethane				
2-chloroethyl vinyl ether mixed					trichlorofluoromethane				
2-chloronaphthalene					dichlorodifluoromethane				
2,4,6, trichlorophenol					chlorodibromomethane				
parachlorometa cresol					hexachlorobutadiene				
Chloroform (trichloromethane)					hexachlorocyclopentadiene				
2 chlorophenol					isophorone				
1,2, dichlorobenzene					naphthalene				
1,3, dichlorobenzene					nitrobenzene				
1,4, dichlorobenzene					2-nitrophenol				
3,3. dichlorobenzidine					4-nitrophenol				
1,1,dichloroethylene					2,4-dinitrophenol				
1,2 trans-dichloroethylene					4,6 dinitro-o cresol				
2,4,dichlorophenol					N-nitrosodimethylamine				
1,2, dichloropropane					N-nitrosodiphenylamine				
1,3, dichloropropylene					N-nitrosodi-n-propylamine				
(1,3 dichlor propene)					pentachlorophenol				
					phenol				

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

MAR-16-2006 02:45 PM ABUELITO

19733453509

P.02

T-340 P.003/007 F-575

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
Acenaphthene				X	2,4 dimethylphenol				X
acrolein				X	2,4 dinitrotoluene				X
acrylonitrile				X	2,6 dinitrotoluene				X
benzene				X	1,2 diphenylhydrazine				X
berzidine				X	ethylbenzene				X
carbon tetrachloride (tetrachloromethane)				X	fluoranthene				X
chlorobenzene				X	4-chlorophenyl phenyl ether				X
1,2,4-trichlorobenzene				X	4-bromophenyl phenyl ether				X
hexachlorobenzene				X	bis(2-chloroisopropyl) ether				X
1,2 dichloroethane				X	bis(2-chloroethoxy) methane				X
1,1,1 trichloroethane				X	methylene chloride(dichloromethane)				X
hexachloroethane				X	methyl chloride (chloromethane)				X
1,1,2 trichloroethane				X	methyl bromide (bromomethane)				X
1,1,2,2 tetrachloroethane chloroethane				X	bromoform(tribromomethane)				X
bis(chloromethyl) ether				X	dichlorobromomethane				X
Bis(2 chloroethyl) ether				X	trichlorofluoromethane				X
2-chloroethyl vinyl ether mixed				X	dichlorodifluoromethane				X
2-chloronaphthalene				X	chlorodibromomethane				X
2,4,6, trichlorophenol				X	hexachlorobutadiene				X
parachlorometa cresol				X	hexachlorocyclopentadiene				X
Chloroform (trichloromethane)				X	isophorone				X
2 chlorophenol				X	naphthalene				X
1,2, dichlorobenzene				X	nitrobenzene				X
1,3, dichlorobenzene				X	2-nitrophenol				X
1,4, dichlorobenzene				X	4-nitrophenol				X
3,3 dichlorobenzidine				X	2,4-dinitrophenol				X
1,1,dichloroethylene				X	4,6 dinitro-o cresol				X
1,2 trans-dichloroethylene				X	N-nitrosodimethylamine				X
2,4,dichlorophenol				X	N-nitrosodiphenylamine				X
1,2, dichloropropane				X	N-nitrosodi-n-propylamine				X
1,3, dichloropropylene				X	pentachlorophenol				X
(1,3 dichlor propene)				X	phenol				X

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				X	endrin				
butylbenzylphthalate				X	endrin aldehyde				X
di-n-butylphthalate				X	heptachlor				X
di-n-octylphthalate				X	heptachlor (epoxide)				X
diethylphthalate				X	BHC Alpha				X
dimethylphthalate				X	BHC Beta				X
benzo(a)anthracene				X	BHC Gamma				X
benzo(a)pyrene				X	BHC Delta				X
3,4 benzo fluoranthene				X	PCB1242				X
benzo(k) fluoranthene				X	PCB1254				X
chrysene				X	PCB1221				X
acenaphthylene				X	PCB1232				X
anthracene				X	PCB1248				X
benzo(ghi)perylene				X	PCB1260				X
fluorene				X	PCB1016				X
phenanthrene				X	toxaphene				X
dibenzo (a,h) anthracene				X	antimony (total)				X
indeno (1,2,3-c,d) pyrene				X	arsenic (total)				X
pyrene				X	asbestos (fibrous)				X
tetrachloroethylene				X	beryllium (total)				X
toluene				X	cadmium (total)				X
trichloroethylene				X	chromium (total)				X
vinyl chloride				X	copper (total)				X
aldrin				X	cyanide (total)				X
dieldrin				X	lead (total)				X
chlordane				X	mercury (total)				X
4,4 DDT				X	nickel (total)				X
4,4, DDE				X	selenium (total)				X
4,4, DDD				X	silver (total)				X
endosulfan I				X	thallium (total)				X
endosulfan II				X	zinc (total)				X
endosulfan sulfate				X	2,3,7,8, tetrachlorodibenzo				X
				X	p-dioxin				X

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

MAR-16-2006 02:47 PM ABUELITO

19733453509

P.04

T-340 P.005/007 F-575

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acrylamide									
amitrole				X	n,3-dimethyl aniline				
amyl alcohols				X	3,3-dimethyl benzidine				X
aniline hydrochloride				X	1,1-dimethylhydrazine				X
anisole				X	dioxane				X
auramine				X	diphenylamine				X
benzotrichloride				X	ethylenimine				X
benzylamine				X	hydrazine				X
				X	4,4-methylene bis				X
o-chloroaniline					(2-chloraniline)				X
m-chloroaniline				X	4,4-methylenedianiline				X
p-chloraniline				X	methyl isobutyl ketone				X
1-chloro-2-nitrobenzene				X	alpha-naphthylamine				X
1-chloro-4-nitrobenzene				X	beta-naphthylamine				X
chloroprene				X	n-methylaniline				X
chrysoidine				X	1,2-phenylenediamine				X
cumene				X	1,3-phenylenediamine				X
2,3-dichloroaniline				X	1,4-phenylenediamine				X
2,4-dichloroaniline				X	sudan 1 (solvent yellow 14)				X
2,5-dichloroaniline				X	thiourea				X
3,4-dichloroaniline				X	toluene sulfonic acids				X
3,5-dichloroaniline				X	toluidines				X
1,3-dichloropropene				X	xylidines				X
1,3-dimethoxybenzidine				X					X

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

MAR-16-2006 02:48 PM ABUELITO

19733453509

P.05

03-16-2006 09:51 From-

T-340 P.006/007 F-575

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				X	isopropanolamine				
allyl alcohol				X	kelthane				X
allyl chloride				X	kebone				X
amyl acetate				X	malathion				X
aniline				X	mercaptodimethur				X
benzonitrile				X	methoxychlor				X
benzyl chloride				X	methyl mercaptan				X
butyl acetate				X	methyl methacrylate				X
butylamine				X	methyl parathion				X
captan				X	mevinphos				X
carbaryl				X	mexacarbate				X
carbofuran				X	monoethylamine				X
carbon disulfide				X	monomethylamine				X
chlorpyrifos				X	naled				X
coumaphos				X	naphthenic acid				X
cresol				X	nitrotoluene				X
crotonaldehyde				X	parathion				X
cyclohexane				X	phenolsulfonate				X
2,4-D (2,4-dichlorophenoxy)				X	phosgene				X
acetic acid				X	propagrite				X
diazinon				X	propylene oxide				X
dicamba				X	pyrethrins				X
dichlobenil				X	quinoline				X
dichlone				X	resorcinol				X
2,2-dichloropropionic acid				X	strontium				X
dichlorvos				X	strychnine				X
diethylamine				X	styrene				X
dimethylamine				X	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				X
dinitrobenzene				X	TDE (tetrachloro- diphenylethane)				X
diquat				X	2,4,5-TP 2(2,4,5- trichlorophenoxy				X
disulfoton				X	trichlorofon				X
diuron				X	triethylamine				X
epichlorohydrin				X	trimethylamine				X
					propanoic acid				X

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

MAR-16-2006 02:49 PM ABUELITO

19733453509

P.06

03-16-2008 09:52

From-

T-340 P.007/007 F-575

HAZARDOUS SUBSTANCES (continued)CHECK APPROPRIATE BOX

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				X	uranium				
ethion				X	vanadium				X
ethylene diamine				X	vinyl acetate				X
ethylene dibromide				X	xylene				X
formaldehyde				X	xlenol				X
furfural				X	zirconium				X
guthion				X					X
isoprene				X					

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Abuelito Cheese, Inc.

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

1. *Los Compadres*
2. *Casa Latina*
3. *PeruKeso*

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Miguel Torres

Street Address: 201 Chatham Avenue

City, State & Zip Code: Paterson, NJ 07503

Business Telephone: (973) 345-3503 Emergency Telephone: (973) 942-4435

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>Los Compadres</u>	<u>2000</u>	<u>2005</u>
<u>Casa Latina</u>	<u>2003</u>	<u>2005</u>
<u>PeruKeso</u>	<u>2005</u>	<u>2005</u>
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>NA</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
<u>N/A</u>			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: Miguel Torres

Company Name: Abuelito Cheese, Inc.

Street Address: 607 - 609 Main Street

City, State & Zip Code: Paterson, NJ 07503

Telephone: (973) 345-3503
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New Jersey

Date: March 23, 1999

Certificate of Incorporation No.: 0100777176

Copy of certificate of incorporation attached? ☒ Yes ☐ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Maria Torres

Telephone: (973) 345-3503

Business address: 607-609 Main Street, Paterson, NJ 07503

Office
held

Date took
office

Date of
birth

Administration

March, 1999

11/18/66

Name: Carolina Paiz

Telephone: (973) 345-3503
(area code)

Business address: 607-609 Main Street, Paterson, NJ 07503

Office
held

Date took
office

Date of
birth

Secretary

Sep. 2002

09/26/80

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

① Name: Miguel Torres

Telephone: (973) 345-3503
(area code)

Business address: 607-609 Main Street
Paterson, NJ 07503

Office
held

Date took
office

Date of
birth

President

March, 1999

08/21/68

② Manuel Moreno

Manager → May, 1999

96 Market St., Passaic, NJ 07055

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address: N/A

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Miguel Torres

Street Address: 201 Chatham Ave

City, State & Zip Code: Paterson, NJ 07503 Bus. Phone (973) 345-3503

Name:

Street Address:

City, State & Zip Code:

Bus. Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR N/A

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION: Check One

☐ General Partnership ☐ Limited Partnership ☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

N/A
Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

N/A
Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

N/A

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☒ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: Miguel Torres

Street Address: 201 Chatham Avenue

City, State & Zip Code: Paterson, NJ 07503 Telephone: (973) 345-3503

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated. None
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability. None
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability. None
- d. Any corporation of which the Applicant is a subsidiary. None
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual. None

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: None

Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: None

Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of
entity cited: None

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of
entity cited: None

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

SECTION SEVEN

OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

A. **OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:

Docket No.: _____

Name & location
of court:

None

Date judgment
entered: _____Nature of
suit:Amt./terms of
judgment: _____

B. **PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case: _____

Docket No.: _____

Name & location
of court:

Date Filed: _____

Nature of
suit:

Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted: None

Description of crime/offense charged: _____

Date Charged: _____

Jurisdiction Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 09/13/05

Miguel Torres
Signature

President
Print Title & Position

Bacteriological and Chemical Testing
410 Hillside Avenue
Hillside, New Jersey 07205



Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
email: info@gsllabs.com
Internet: www.gsllabs.com

TO: ABUELITO CHEESE, INC.
607-609 MAIN STREET

REPORT # 250819014.0
CLIENT # ABU01
DATE SUBMITTED: 8/19/05

PATERSON
ATT: CAROL PAIZ

NJ 07503

SAMPLE TYPE: WASTEWATER, 24 HOUR COMPOSITE SAMPLE

SAMPLE ID:

SAMPLE LOCATION:

DATE SAMPLED: 8/19/05

TIME SAMPLED: 10:13AM

[illegible]

< = less than, not detected.

Harvey Klein

121629

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab #20044

EPA Request #: III.B.1.f.

PVSC39 - 00001673

Bacteriological and Chemical Testing
410 Hillside Avenue
Hillside, New Jersey 07205

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director



Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
email: info@gsllabs.com
Internet: www.gsllabs.com

REPORT OF ANALYSIS

TO: ABUELITO CHEESE, INC.
607-609 MAIN STREET

REPORT # 250819015.0
CLIENT # ABU01
DATE SUBMITTED: 8/19/05

PATERSON
ATT: CAROL PAIZ

NJ 07503

SAMPLE TYPE: WASTEWATER, GRAB SAMPLE

SAMPLE ID:

SAMPLE LOCATION:

DATE SAMPLED: 8/19/05

TIME SAMPLED: 10:40AM

[illegible]

< = less than, not detected.

Harvey Klein

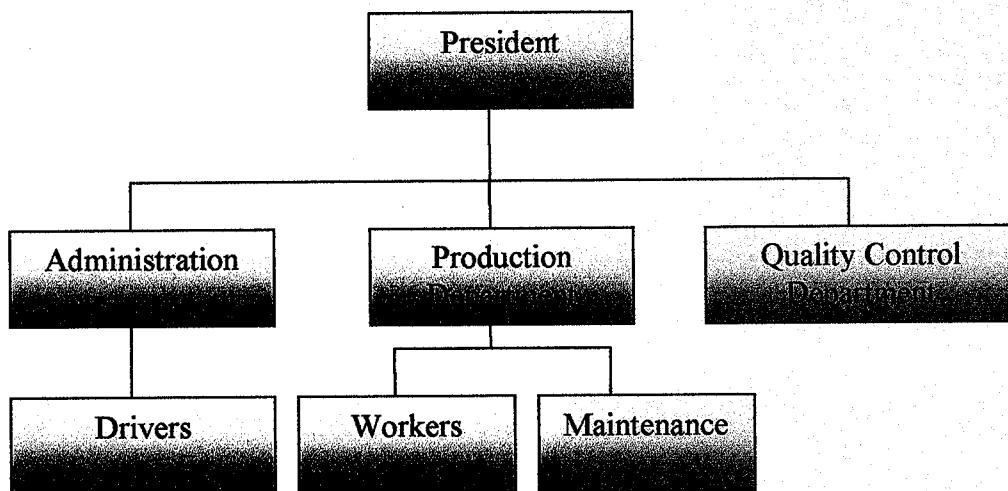
121629

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab #20044

EPA Request #: III.B.1.f.

PVSC39 - 00001674

BUSINESS ORGANIZATION



Industrial Department SUA Receipt
To be completed by Applicant

Date: 7/26/05

Company Name: El Abuelito

Miguel Torres
Company Representative Signature

Agili D
Signature of PVSC Representative

Received ck # 1116 \$750.00
+ incomplete application

DK **FILED**

MAR 23 1999

**CERTIFICATE OF INCORPORATION
OF
ABUELITO CHEESE INC.**

**James A. DiEleuterio, Jr.
State Treasurer**

State of New Jersey
Trenton, New Jersey 08625

The undersigned being of age 18 years of older, for the purpose of forming a corporation pursuant to the provisions of Title 14A, Corporation, General, of the status of the state of New Jersey, does hereby execute the following Certificate of Incorporation:

FIRST: The name of the Corporation is:
ABUELITO CHEESE INC.

SECOND: The address of the initial registered officer of the corporation is: 96 Market St. Apt. 7, Passaic NJ 07055. The name of this corporation and initial registered agent at such addresses: Miguel Torres.

THIRD: The purposes of which this corporation is organized are: to conduct all activities set forth and permitted under and by virtue of the terms, conditions are provisions of title 14A, "New Jersey Business Corporation Act."

FOURTH: The Aggregate number of shares which the corporation shall authority to issue is two thousand five hundred (2500) Shares of common stock without per value.

FIFTH: The Board of Directors of the corporation shall consist of one (1) Directors; and the initial Directors shall be; Miguel Torres, Located: at: 84 Market St., Passaic NJ 07055.

SIXTH: The name and address of the incorporation of this corporation is: Miguel Torres, 96 Market St. Apt. 7, Passaic NJ 07055.

SEVENTH: The period of existence of this corporation shall be perpetual.

IN WITNESS WHEREOF, the undersigned incorporate has hereunto subscribed his name this
2nd day of January 1999

Very truly yours

Miguel Torres
Miguel Torres
PRESIDENT

0100777176

500324
103048 10301409

cubic feet

1 ——— 748 gal

592 ——— x

Quarterly 442,816

Month 147,605.33

Daily 4,920.18

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

SERVICE ADDRESS

607 -9 MAIN ST, PATERSON

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
141935-90214	01-02	3/05/04	4/05/04

Rate Class: COMMERCIAL - QUARTER

Last payment amount/date: 341.87 2/05/04

Last Bill Amount	341.87
Payments	341.87
Adjustments	.00
Balance Forward	.00

Service	Period	Days	Meter Number	Mult	Units	Current	Previous	Usage
WA	11/25/03	2/27/04	94	73071135	1.000	CF1	1713	1243
							USAGE FOR	2/03
								176
Service						Charge		Total
WA	QUARTERLY CHARGE					24.09		
WA	QUARTERLY CHARGE					9.58		
	TOTAL WATER BASE CHARGE							33.67
WC	FIRST 1000 CCF			130.00		151.19		
WC	FIRST 1000 CCF			340.00		380.12		
	TOTAL WATER CONSUMPTION							531.31
						Total Current Charges		564.98
						Balance Forward		.00
						Total Amount Due		564.98

This water bill reflects a rate increase of 4% effective February 1, 2004.

Passaic Valley Water Commission 973-340-4300

24

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

SERVICE ADDRESS

607 -9 MAIN ST, PATERSON

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
141935-90214	01-02	6/08/04	7/08/04

Rate Class: COMMERCIAL - QUARTER

Last payment amount/date: 564.98 3/23/04

Last Bill Amount	564.98
Payments	564.98 -
Adjustments	.00
Balance Forward	.00

	Service Period	Days	Meter Number	Mult	Units	Current	Previous	Usage
WA	2/27/04 5/27/04	90	73071135	1.000	CF1	2061	1713	348
						USAGE FOR	5/03	90
Service			Consumption			Charge		Total
WA	QUARTERLY CHARGE					34.63		34.63
WC	FIRST 1000 CCF		348.00			404.72		404.72
			Total Current Charges					439.35
			Balance Forward					.00
			Total Amount Due					439.35

Passaic Valley Water Commission 973-340-4300

32

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

SERVICE ADDRESS

607 -9 MAIN ST, PATERSON

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
141935-90214	01-02	9/03/04	10/04/04

Rate Class: COMMERCIAL - QUARTER

Last payment amount/date: 439.35 7/07/04

Last Bill Amount	439.35
Payments	439.35 -
Adjustments	.00
Balance Forward	.00

	Service Period	Days	Meter Number	Mult	Units	Current	Previous	Usage
WA	5/27/04 8/26/04	91	73071135	1.000	CF1	2603	2061	542
						USAGE FOR	8/03	191
Service			Consumption			Charge		Total
WA	QUARTERLY CHARGE					34.63		34.63
WC	FIRST 1000 CCF		542.00			630.35		630.35
			Total Current Charges					664.98
			Balance Forward					.00
			Total Amount Due					664.98

Passaic Valley Water Commission 973-340-4300

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

SERVICE ADDRESS

607 -9 MAIN ST,

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
141935-90214	01-02	12/02/04	1/03/05

Rate Class: COMMERCIAL - QUARTER

Last payment amount/date: 664.98 9/23/04

Last Bill Amount	664.98
Payments	664.98 -
Adjustments	.00
Balance Forward	.00

	Service Period	Days	Meter Number	Mult	Units	Current	Previous	Usage
WA	8/26/04 11/24/04	90	73071135	1.000	CF1	3274	2603	671
						USAGE FOR 11/03		276
Service			Consumption			Charge		Total
WA	QUARTERLY CHARGE					34.63		34.63
WC	FIRST 1000 CCF		671.00			780.37		780.37
			Total Current Charges					815.00
			Balance Forward					.00
			Total Amount Due					815.00

Passaic Valley Water Commission 973-340-4300

MAR-16-2006 02:44 PM ABUELITO

19733453509

P.01

ABUELITO CHEESE, INC.

607-609 Main Street

Paterson, NJ 07503

Tel.: (973) 345-3503/Fax: (973) 345-3509

Fax Cover Sheet**COMPANY:**

Passaic Valley Sewerage Commissioners

ATTENTION:

Angela Dees

FAX #:

(973) 344-4876

FROM:

Miguel Torres

PAGES SENT:

6

(including cover sheet)